FORM A

Hazardous Materials Incidents / Accidents / Continuous Releases

REPORT INCIDENT IMMEDIATELY to the KANSAS DIVISION OF EMERGENCY MANAGEMENT (KDEM) Telephone: (785) 296-3176 or (800) 905-7521

THIS COMPLETED FORM <u>must</u> be submitted on-line or faxed to KDEM (785) 274-1426, Technological Hazards Section, <u>AS SOON AS PRACTICABLE</u> (not to exceed 7 days) after the verbal notification. <u>Form A(s) may be used as the written follow-up notification to KDEM **ONLY IF** an UPDATED Form A is submitted after the incident has concluded and includes additional information on the cause of the release, information on actual response actions taken, identification of any acute or chronic health risks and advice regarding medical attention necessary for citizens exposed, if appropriate. Additional information can be mailed to KDEM at: 2800 SW Topeka Blvd, Topeka, KS 66611.</u>

• The following fields may have multiple entries: Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard. If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.

KDEM CONFIRMATION NUMBER:

REPORTING	WAS A REPORT MADE TO THE FOLLOWING AGENCIES:
	LOCAL EMERGENCY PLANNING COMMITTEE 🔲 YES
	NATIONAL RESPONSE CENTER (800) 424-8802 □YES CASE#
	KANSAS DEPT. OF HEALTH & ENVIRONMENT (785) 296-1679 ☐ YES CASE#
SPILLER	SPILLER INFORMATION:
	IS THIS AN UPDATE TO FORM A: ☐ YES
	DOES THIS CONSTITUTE A CONTINUOUS RELEASE: ☐YES IF CONTINUOUS, CR-ERNS #:
	PERSON INITIATING THE CALL:
	CALLER ORGANIZATION:
	CALLER PHONE: CALLER EMAIL:
	ARE YOU THE SPILLER: ☐ YES ☐ NO IF NO, SPILLER ORGANIZATION:
	SPILLER ORGANIZATION ADDRESS:
	CITY:
	SPILLER PHONE: SPILLER EMAIL:
INCIDENT INFORMATION	INCIDENT INFORMATION:
	DISCOVERY TIME: DISCOVERY DATE:
	NOTIFICATION TIME: NOTIFICATION DATE:
	INCIDENT LOCATION/ADDRESS:
	INCIDENT CITY: INCIDENT COUNTY:
	MANUFACTURER/SHIPPER:
	CAUSE OF RELEASE: ☐ EXPLOSION ☐ SPILL ☐ OPERATOR ERROR ☐ NATURAL PHENONENA
	☐ FIRE ☐ DUMPING ☐ EQUIPMENT FAILURE ☐ OTHER*
	*IF OTHER, DESCRIBE:
	INCIDENT MODE: □AIRCRAFT □FIXED FACILITY □MOTOR CARRIER □MOTOR VECHICLE □PIPELINE □RAIL
	□ OTHER (DESCRIBE):

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	DESCRIBE WHAT HAPPENED:
NCIDENT INFORMATION	
	WIND DIRECTION FROM: WIND SPEED: MPH_ (0-5, 6-10, 11-15, etc)
SRM.	WEATHER TYPE: □CLEAR □ SUNNY □ PARTLY CLOUDY □CLOUDY □DRIZZLE □LIGHT RAIN
INFO	□ RAIN □ FOG □ SNOW □ SLEET □ OTHER:
DENT	RESIDENTS WITHIN ¼ MILE: ☐ NO ☐ YES, APPROXIMATE NUMBER: PERSONAL INJURIES: ☐ NO ☐ YES, NUMBER: FATALITIES: ☐ NO ☐ YES, NUMBER:
INCII	EMERGENCY CREWS ON SCENE:
	☐ FIRE ☐ AMBULANCE ☐ LAW ENFORCEMENT ☐ EMERGENCY MGMT
	☐ KS FIRE MARSHALL REGIONAL RESPONSE TEAM ☐ OTHER:
	IS THE INCIDENT AREA SECURED: ☐ YES ☐ NO
	NAME OF CHEMICAL/COMMODITY:
	NAME OF PLACARD (UN NUMBER): CAS NUMBER:
	CARRIER NAME: TRUCK/TRAIN #: TRAILER/RAILCAR #:
<u></u> <u></u> <u></u> L	QUANTITY RELEASED: QTY. IN WATER: CONTAINER CAPACITY: UNITS:
SOMMODITY	PHYSICAL FORM (CHECK ALL THAT APPLY): ☐ LIQUID ☐ SOLID ☐ GAS
CO	MEDIUM AFFECTED (CHECK ALL THAT APPLY): \square AIR \square SOIL \square WATER \square GROUNDWATER \square NONE
	□WITHIN FACILITY □ OTHER:
	IF RELEASED TO WATER: TYPE OF WATERWAY: NAME:
	ACTIONS TAKEN TO REMEDIATE THE INCIDENT:
SNC	
	DID EVACUATIONS OCCUR: NO YES, NUMBER EVACUATED: FACILITY: PUBLIC:
	DID SHELTER IN PLACE OCCUR: NO YES, NUMBER SHELTERED IN PLACE:
ACTIONS	BOUNDARIES OF EVACUATION OR SHELTER IN PLACE AREA:
	OTHER PROTECTIVE ACTIONS RECOMMENDED:
	CHIERT ROTEOTIVE ACTIONS RESONWIENDED.
S	KNOWN OR ANTICIPATED ACUTE HEALTH RISKS: NO YES
RISKS	KNOWN OR ANTICIPATED CHRONIC HEALTH RISKS: NO YES
HEALTH	IDENTIFY MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS:
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